

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**Child Sexual Abuse Treatment (CS) Program  
REQUEST FOR APPLICATION**



**April 2004**

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

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**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**Child Sexual Abuse Treatment (CS) Program  
REQUEST FOR APPLICATION**

**PART I – INFORMATION**

**A. INTRODUCTION**

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grantee Handbook*. However, the *Grantee Handbook* provides helpful information you may wish to consult while developing your application. A copy can be obtained from website, [www.oes.ca.gov](http://www.oes.ca.gov). An applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

**B. CONTACT INFORMATION**

**Marta Castillo Valero**  
**Direct: (916) 323-7425**  
**Fax: (916) 324-8554**  
**Email: [marta.castillo-valero@oes.ca.gov](mailto:marta.castillo-valero@oes.ca.gov)**

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax, or e-mail.

**C. APPLICATION DUE DATE**

To submit an application, applicant must deliver the application to OES **by 5:00 p.m.** on the due date, or mail the application postmarked by the due date.

**The Due Date Is: Wednesday, May 19, 2004**

Applicant must submit **one original and one copy** of the application to:

Governor's Office of Emergency Services  
Criminal Justice Programs Division  
P.O. Box 419047  
Rancho Cordova, CA 95741-9047  
Attn: Child Sexual Abuse Treatment (CS) Program RFA – Children's Section

**or**

If sending application by overnight delivery, submit to:

Governor's Office of Emergency Services  
Criminal Justice Programs Division  
3650 Schriever Avenue  
Mather, CA 95655  
Attn: Child Sexual Abuse Treatment (CS) Program RFA – Children's Section

## **D. ELIGIBILITY**

To be eligible to receive funding for the Child Sexual Abuse Treatment (CS) Program, applicant must be one of the four agencies that received funding for the CS program in the last funding year, FY 2003/2004. The agencies eligible to apply for funding are: Child Abuse Listening and Mediation (CALM) – Santa Barbara, Children’s Hospital – Oakland, Children’s Hospital – San Diego, and Child & Family Institute - Sacramento.

## **E. FUNDING CYCLE AND DURATION**

### **1. Grant Award Period**

Funding for this application is for a twelve (12) month period. The grant period will begin on July 1, 2004, and end on June 30, 2005.

This is the last year of a three-year cycle. A Request for Proposal (RFP) for the CS Program will be released approximately in the Spring 2005; agencies selected via the RFP process will begin a new CS Program on July 1, 2005.

### **2. Funding Levels**

Grant funding is contingent upon the Fiscal Year (FY) 2004/2005 State Budget Act being passed by the Legislature and signed by the Governor. OES does not have authority to disburse funds until the State budget is passed and the Grant Award Agreement is fully executed. Until such time, projects must refrain from incurring any expenditures. Any expenditures incurred prior to authorization are made at the project’s own risk. When the executed grant is received, authorized expenditure reports may be submitted for reimbursement of grant funds.

If during the term of the grant award the funds appropriated for the purposes of the grant award are reduced or eliminated by the California Legislature, OES may immediately terminate or reduce the grant award by written notice to the grantee. However, no such termination or reduction shall apply to allowable costs already incurred by the grantee to the extent funds are available for payment of such costs.

The FY 2004/2005 Governor’s Proposed Budget is anticipated to contain \$256,500 in state funds for the continuation funding of the Child Sexual Abuse Treatment Program. Specific funding amounts for each applicant are provided in Part II, Section B: The Project Budget (page 6), of this RFA.

## **F. PROGRAM INFORMATION**

This program funds local government agencies and nonprofit organizations to provide comprehensive treatment services to child victims of sexual abuse and/or sexual exploitation. Services are directed toward child victims under the age of 18. Services to appropriate nonoffending family members are provided as support services to help in the child’s recovery.

Treatment services include, but are not limited to: outreach; in person crisis intervention services; intake; assessment; individual, family and group counseling; interagency coordination; and follow-up evaluation.

## **Advisory Committee**

SB 862 mandated the establishment of the eleven-member State Advisory Committee (SAC) on Sexual Assault Victim Services Program to advise OES on the development and implementation of the program, and to approve funding recommendations. OES appoints five of the committee members, including three district attorneys, one public defender, and one representative of a law enforcement agency. The Commission on the Status of Women appoints six committee members including one medical professional, and one representative of a rape crisis center.

## **Administrative Authority**

OES is the administrative agency for the California Child Sexual Abuse Treatment Program. The role of OES is to work in conjunction with SAC to manage and maintain the program. These activities include establishing policies dealing with the operation and direction of the program, providing staff support to SAC, and monitoring the projects and contracts selected for funding.

## **Program Criteria**

The statutory requirements for funded projects include the following:

### **Penal Code Section 13837 Requirements**

1. Provide in-person counseling and referral service during normal business hours. These are defined by OES and SAC as one of the following:  
  
8:00 a.m. to 5:00 p.m. - when closed from 12 noon to 1:00 p.m.; or  
8:30 a.m. to 5:00 p.m. - when closed for 1/2 hour during the lunch hour; or  
9:00 a.m. to 5:00 p.m. - as long as services are available during the lunch hour.
2. Maintain other standards and services determined to be appropriate by SAC pursuant to Penal Code Section 13836 as grant conditions.
3. Demonstrate the ability to receive and make use of funds available from governmental, voluntary, philanthropic, or other sources, which may be used to augment state funds appropriated for this project, and make every attempt to qualify for federal funding. (This means projects must actively seek alternative sources of funding and use the funds in a cost effective manner.)
4. Maintain quarterly and final fiscal progress reports as prescribed by OES.

### **Penal Code Section 13837 Restrictions**

1. Funds appropriated under this program shall not supplant local funds that would be made available in the absence of state funds.
2. Priority must be given to agencies operating in close proximity to medical treatment facilities. Proximity is defined by OES as having a formal referral system with the nearest general acute care hospital.
3. State funds provided to establish centers shall be utilized when possible, as determined by the Advisory Committee, to expand the program.

## **G. PREPARING AN APPLICATION**

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following five components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**Child Sexual Abuse Treatment (CS) Program  
REQUEST FOR APPLICATION**

**PART II – INSTRUCTIONS**

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

Applicant must use the forms provided or computer-generated forms, and plain 8½" x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **Applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

**A. THE PROJECT NARRATIVE**

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

**1. Problem Statement**

The problem statement was identified in previous years of funding. Unless additional issues need to be addressed, a problem statement is not necessary for purposes of this RFA.

**2. Plan**

The program plan was presented in previous years of funding. Unless updates are required, applicant may summarize the goals, objectives, and activities from last year's plan. Below are the mandated objectives that must be addressed. Please refer to the Child Sexual Abuse Treatment Program Guidelines, July 2002, for additional guidelines for objectives.

**Mandated Objectives and Activities**

For each objective, provide a quantified estimate of the services to be provided. Discuss the manner in which the services will be provided, and the activities to be performed to support the services. The information provided for each objective must describe the source documentation collected and maintained to measure results, and demonstrate proof of successful objective measurement (source documentation is defined as records used to validate project activities and achievements as they pertain to the objectives, e.g., intake logs, client files, progress notes, attendance rosters, sign-in sheets, etc.).

**Objective A:** Provide in-person crisis intervention services to child victims of sexual abuse and/or sexual exploitation.



**Objective B:** Provide in-person ongoing counseling after initial contact to child victims of sexual abuse and/or sexual exploitation. This may include individual, family, and/or group counseling.

**Objective C:** Provide follow-up support and referral services to child victims of sexual abuse and/or sexual exploitation.

### 3. Implementation

The project's ability to implement the plan was presented in previous years of funding. Unless updates are required (i.e., operational agreements or change in the agency's description), this section is not required.

## B. THE PROJECT BUDGET

The purpose of the Project Budget is to demonstrate how the project will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds. Applicant may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable the agency to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project.

For purposes of this RFA, each project should prepare its budget in accordance with the following funding chart:

Child & Family Institute – Sacramento	\$51,300	Children's Hospital - Oakland	\$76,950
Children's Hospital – San Diego	\$51,300	Child Abuse Listening and Mediation (CALM) – Santa Barbara	\$76,950

### 1. The Budget Narrative

Applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the project's proposed budget supports the stated objectives and activities in the project.
- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including any qualifications or education level necessary to the job assignment.

- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

## 2. Specific Budget Categories

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits,
- Operating Expenses, and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

### a) Personal Services – Salaries/Employee Benefits (Form A303a):

#### 1) Salaries

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding, contract, or operational agreement, which must be kept on file by the grantee and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a grantee to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

#### 2) Benefits

Employee benefits must be identified by type and percentage of salaries. Applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable

budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

**b) Operating Expenses (Form A303b):**

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

**No program trainings or conferences are anticipated at this time. The project does not need to budget for this cost.**

**c) Equipment (Form A303c):**

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

**C. THE APPLICATION APPENDIX**

The application appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- **Operational Agreements:** Operational Agreements (OAs) must be dated and contain original signatures, titles, and agency names for both parties. These must demonstrate a formal system of networking and coordination with other agencies and the project. Those submitted with the application must be effective for the proposed grant year. For the purpose of this RFA, the terms operational agreement and memorandum of understanding (MOU) are synonymous. A sample operational agreement is provided in the forms section of this RFA.
- Project Summary
- Project Service Area Information
- Project Contact Form
- Additional Signature Authorization (*if applicable*)
- Sole/Single Source Justification Checklist (*if applicable*)
- Emergency Fund Procedure

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**Child Sexual Abuse Treatment (CS) Program**

**PART III – FORMS**

**REQUEST FOR APPLICATION  
CHECKLIST AND REQUIRED SEQUENCE**

This checklist is provided to assist the applicant in ensuring that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE
- ☐ THE PROJECT NARRATIVE
  - Problem Statement
  - Plan and Implementation
- ☐ THE PROJECT BUDGET INFORMATION
  - The Budget
  - The Budget Forms – Forms A303a, A303b, A303c
- ☐ APPLICATION APPENDIX
  - Operational Agreements
  - Project Summary
  - Project Service Area Information
  - Project Contact Form
  - Additional Signature Authorization (if applicable)
  - Sole/Single Source Justification Checklist (if applicable)
  - Emergency Fund Procedure



CRIMINAL JUSTICE PROGRAMS DIVISION  
**GOVERNOR'S OFFICE OF EMERGENCY SERVICES**  
P.O. BOX 419047  
RANCHO CORDOVA, CALIFORNIA 95741-9047  
(916) 324-9100  
FAX: 327-5674



## **APPLICATION COVER SHEET**

### **RFA PROCESS**

#### **Child Sexual Abuse Treatment (CS) Program RFA**

#### **Deliver to Children's Section**

Submitted by:

(Place name, address, and phone number of applicant here.)

## GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**  
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the “grantee.”
2. **Implementing Agency**  
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person’s name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**  
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**  
Enter the name, title, mailing address, and telephone number of the individual ultimately responsible for the project. This information must be limited to four lines.
5. **Financial Officer**  
Enter the name, title, mailing address, and telephone number of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to four lines.
6. **Award Number**  
Leave blank (to be completed by OES).
7. **Grant Period**  
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**  
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**  
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**  
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**  
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**  
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Grantee**  
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (Form A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**GRANT AWARD FACE SHEET (FORM A301)**

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

**Administrative Agency (1)** \_\_\_\_\_  
hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

**(2) Implementing Agency Name** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Telephone (     )** \_\_\_\_\_

<b>(3) Project Title</b> (60 characters maximum)	<b>(6) Award No.</b>
<b>(4) Project Director</b> (Name, Title, Address, Telephone) (four lines maximum)	<b>(7) Grant Period</b>
	<b>(8) Federal Amount</b>
	<b>(9) State Amount</b>
<b>(5) Financial Officer</b> (Name, Title, Address, Telephone) (four lines maximum)	<b>(10) Cash Match</b> <div style="text-align: right;">N/A</div>
	<b>(11) In-Kind Match</b> <div style="text-align: right;">N/A</div>
	<b>(12) Total Project Cost</b>

This grant award consists of this title page, the application for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grantee Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;"><b><u>FOR OES USE ONLY</u></b></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p><b>(13) Official Authorized to Sign for Applicant/Grant Recipient</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Telephone: (     ) _____</p> <p>E-mail address: _____</p> <p>Date: _____</p> <hr/> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <hr/> <p>Fiscal Officer, _____ Date _____</p> <hr/> <p>Executive Director, _____ Date _____</p>
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## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, \_\_\_\_\_, hereby certify that:  
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: \_\_\_\_\_

IMPLEMENTING AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

is responsible for reviewing the *Grantee Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

### I. Equal Employment Opportunity – (*Grantee Handbook Section 2151*)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES- funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### II. Drug-Free Workplace Act of 1990 – (*Grantee Handbook Section 2152*)

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

### III. California Environmental Quality Act (CEQA) – (*Grantee Handbook Section 2153*)

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.



#### **IV. Lobbying – (*Grantee Handbook Section 2154*)**

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

#### **V. Debarment and Suspension – (*Grantee Handbook Section 2155*)**

*(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

#### **VI. Proof of Authority from City Council/Governing Board**

The above-named organization (Applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The Applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The Applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

**All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.**

### **CERTIFICATION**

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: \_\_\_\_\_

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Date Executed: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Executed in the City/County of: \_\_\_\_\_

#### **AUTHORIZED BY:**

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **THE PROJECT NARRATIVE**

**GOES HERE**

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

## **THE BUDGET NARRATIVE**

**GOES HERE**

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
<b>TOTAL</b>	

Form A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
<b>TOTAL</b>	

Form A303b

BUDGET CATEGORY AND LINE ITEM DETAIL				
C. Equipment				COST
CATEGORY TOTAL				
PROJECT TOTAL				
FUND DISTRIBUTION	FEDERAL	STATE	CASH MATCH	IN-KIND MATCH
1. Amount of Funds				
2. Percentage of Funds				

## **THE APPLICATION APPENDIX**

**GOES HERE**

See Instructions in Part II of this RFA for details.



## SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

\* Specifically:

\* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For \_\_\_\_\_

For \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the application cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service which OES is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.

### **PROGRAM SPECIFIC CATEGORIES:**

10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

## PROJECT SUMMARY

**1. PROJECT YEAR**

New

Year 2

Year 3

Other \_\_\_\_\_

**2. PROJECT TITLE****3. GRANT PERIOD**

\_\_\_\_\_ to

\_\_\_\_\_

**4. APPLICANT**

Name:

Phone: (    )

Address:

Fax #: (    )

**5. FUNDS REQUESTED**

\$ \_\_\_\_\_

**6. IMPLEMENTING AGENCY**

Name:

Phone: (    )

Fax #: (    )

Address:

**7. PROGRAM DESCRIPTION****8. PROBLEM STATEMENT****9. OBJECTIVES**

<b>10. ACTIVITIES</b>     	<b>11. CATEGORY</b> — — — —																																								
	<b>12. PROGRAM AREA</b> — — — —																																								
<b>13. EVALUATION</b>    	<b>14. NUMBER OF CLIENTS TO BE SERVED</b>  <hr/>																																								
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<b>16. NAME OF RESPONSIBLE OFFICIAL</b>  Signature: _____ Date: _____ Typed Name: _____ Title: _____																																									

## **PROJECT SERVICE AREA INFORMATION**

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the principal office of the project is located.
  
2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
  
3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
  
4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) which the project serves. Put an asterisk for the district where the principal office of the project is located.
  
5. POPULATION OF SERVICE AREA: Enter the total population of the service area served by the project.

## **PROJECT CONTACT INSTRUCTIONS**

1. Provide the name, title, address, telephone number, and e-mail address for the person having day-to-day responsibility for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the person to whom the person listed in #1 is accountable.
3. Provide the name, title, address, telephone number, and e-mail address for the Chief Executive of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the financial officer for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the project director for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the Chair of the Governing Body of the implementing agency.

## PROJECT CONTACT INFORMATION

Applicant: \_\_\_\_\_ Grant Number \_\_\_\_\_

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

3. The **executive director** of a nonprofit organization or the **chief executive officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

4. The **financial officer** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

5. The **project director** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

6. The **chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (     )	Fax Number: (     )	
E-Mail Address:		

## **ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS**

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**



## ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

The following persons are authorized to sign for:

### Project Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

### Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

---

### Approved By:

Project Director: \_\_\_\_\_

\_\_\_\_\_  
Date

Financial Officer: \_\_\_\_\_

\_\_\_\_\_  
Date

Regional/Local  
Planning Director: \_\_\_\_\_

\_\_\_\_\_  
Date

**SOLE/SINGLE SOURCE JUSTIFICATION  
CONTRACTS FOR SERVICES**

**CHECKLIST**

Has the applicant/grantee met the following requirements of the *Grantee Handbook*:

**Section 4510**

**Yes**

**No**

Do conditions exist that require a sole/single-source contract?

☐☐

**Section 4521**

Is a brief description of the program or project included?

☐☐

**Section 4522**

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

**Section 4523**

Is an explanation provided for the uniqueness of the contract?

☐☐

**Section 4524**

Are there time constraints impacting the project?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**EMERGENCY FUND PROCEDURES**

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GRANTEE NAME

---

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing, and medical care including prescription medicine, eyeglasses, or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to \_\_\_\_\_. In order to be valid, checks must require a counter signature. OES will be notified in writing of any changes in responsibility within ten days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime will be made with local law enforcement. A copy of the crime report or verification slip will be kept on file.
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than \$ \_\_\_\_\_ per individual. Victims are not eligible to draw on the emergency fund for more than \_\_\_\_\_ crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.